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CONFIRMATION NO. 3855

SERIAL NUMBER 10/090,358	FILING OR 371(c) DATE 03/04/2002 RULE	CLASS 604	GROUP ART UNIT 3761	ATTORNEY DOCKET NO. VAC.702.US
APPLICANTS David Tumey, San Antonio, TX;				
** CONTINUING DATA ***** This appln claims benefit of 60/273,587 03/05/2001				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/22/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY TX	SHEETS DRAWING 2	TOTAL CLAIMS 10
INDEPENDENT CLAIMS 2				
ADDRESS 60402				
TITLE NEGATIVE PRESSURE WOUND TREATMENT APPARATUS AND INFECTION IDENTIFICATION SYSTEM AND METHOD				
FILING FEE RECEIVED 2686	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	